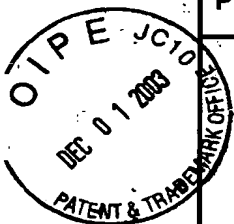


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)

YAI-002

In re Application of Michael J. May *et al.*

Application Number

09/847946-Conf. #6173

Filed

May 2, 2001

For: ANTI-INFLAMMATORY COMPOUNDS AND USES THEREOF

Art Unit

1653

Examiner

A. Desai

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |                                     |                                  |           |
|-------------------------------------|----------------------------------|-----------|
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1))    | \$ 110.00 |
| <input type="checkbox"/>            | Two months (37 CFR 1.17(a)(2))   | \$        |
| <input type="checkbox"/>            | Three months (37 CFR 1.17(a)(3)) | \$        |
| <input type="checkbox"/>            | Four months (37 CFR 1.17(a)(4))  | \$        |
| <input type="checkbox"/>            | Five months (37 CFR 1.17(a)(5))  | \$        |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080

I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ attorney or agent of record. Registration Number
- ☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) 38,872

December 1, 2003

Date

(617) 227-7400

Telephone Number

Jane E. Remillard

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

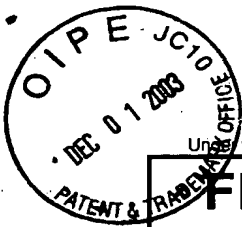
☐ Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV311018796US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 1, 2003

Signature:

(Jane E. Remillard)



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  |  |                          |                       |
|--|--|--------------------------|-----------------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2004</b><br><small>Effective 10/01/2003, Patent fees are subject to annual revision.</small> |  | <b>Complete if Known</b> |                       |
|  |  | Application Number       | 09/847946-Conf. #6173 |
|  |  | Filing Date              | May 2, 2001           |
|  |  | First Named Inventor     | Michael J. May        |
|  |  | Examiner Name            | A. Desai              |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Art Unit                 | 1653                  |
| <b>TOTAL AMOUNT OF PAYMENT (\$)</b> 55.00  |  | Attorney Docket No.      | YAI-002               |

| <b>METHOD OF PAYMENT (check all that apply)</b>  |                            | <b>FEE CALCULATION (continued)</b>  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
|--|----------------------------|---|----------------------------|----------------------------|----------------------------|-----------------|----------|------------------------|---------|-------------------------------------|----------|-----------------------------------|---------|---|----------|---------------------------------------|----------|---------------------------|----------|--|------------|--|---------|--|-----------|--|--|-------------|-------------|---|--|----------|---------|--|-------|----------|----------|---|--|----------|----------|--|--|------------|----------|---|--|------------|------------|--|--|----------|----------|------------------|--|----------|----------|--|--|----------|----------|--------------------------|--|------------|------------|---|--|----------|---------|----------------------------------|--|------------|----------|------------------------------------|--|------------|----------|--------------------------------|--|----------|----------|------------------|--|----------|----------|-----------------|--|----------|----------|-------------------------------|--|---------|---------|-------------------------------------|--|----------|----------|---|--|---------|---------|--|--|----------|----------|---|--|----------|----------|---|--|----------|----------|---|--|----------|----------|---|--|---------------------|--|--|--|-----------------------------------|--|--------------------------------|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |                            | <b>3. ADDITIONAL FEES</b>   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 12-0080<br>Deposit Account Name: Lahive & Cockfield, LLP   |                            |   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |                            |   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| <b>FEE CALCULATION</b>   |                            |   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| <b>1. BASIC FILING FEE</b>   |                            |   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| <table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001 770</td><td>2001 385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002 340</td><td>2002 170</td><td>Design filing fee</td><td></td></tr><tr><td>1003 530</td><td>2003 265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 770</td><td>2004 385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3"><b>SUBTOTAL (1) (\$)</b></td><td>0.00</td></tr></tbody></table>   |                            | Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description            | Fee Paid                   | 1001 770        | 2001 385 | Utility filing fee     |         | 1002 340                            | 2002 170 | Design filing fee                 |         | 1003 530  | 2003 265 | Plant filing fee                      |          | 1004 770                  | 2004 385 | Reissue filing fee                                 |            | 1005 160   | 2005 80 | Provisional filing fee                                     |           | <b>SUBTOTAL (1) (\$)</b>                               |  |             | 0.00        |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description   | Fee Paid                   |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1001 770   | 2001 385                   | Utility filing fee  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1002 340   | 2002 170                   | Design filing fee   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1003 530   | 2003 265                   | Plant filing fee  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1004 770   | 2004 385                   | Reissue filing fee  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1005 160   | 2005 80                    | Provisional filing fee  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| <b>SUBTOTAL (1) (\$)</b>   |                            |   | 0.00                       |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>   |                            |   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>11</td><td>-20** =</td><td></td><td>0.00</td></tr><tr><td>Independent Claims</td><td>3</td><td>-3** =</td><td>0.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td></tr></tbody></table>   |                            | Total Claims  | Extra Claims               | Fee from below             | Fee Paid                   | 11              | -20** =  |                        | 0.00    | Independent Claims                  | 3        | -3** =                            | 0.00    | Multiple Dependent                                      |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| Total Claims   | Extra Claims               | Fee from below  | Fee Paid                   |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 11   | -20** =                    |   | 0.00                       |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| Independent Claims   | 3                          | -3** =  | 0.00                       |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| Multiple Dependent   |                            |   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| <table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202 18</td><td>2202 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201 86</td><td>2201 43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203 290</td><td>2203 145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204 86</td><td>2204 43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205 18</td><td>2205 9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="3"><b>SUBTOTAL (2) (\$)</b></td><td>0.00</td></tr></tbody></table> |                            | Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description            | Fee Paid                   | 1202 18         | 2202 9   | Claims in excess of 20 |         | 1201 86                             | 2201 43  | Independent claims in excess of 3 |         | 1203 290  | 2203 145 | Multiple dependent claim, if not paid |          | 1204 86                   | 2204 43  | ** Reissue independent claims over original patent |            | 1205 18  | 2205 9  | ** Reissue claims in excess of 20 and over original patent |           | <b>SUBTOTAL (2) (\$)</b>                               |  |             | 0.00        |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description   | Fee Paid                   |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1202 18  | 2202 9                     | Claims in excess of 20  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1201 86  | 2201 43                    | Independent claims in excess of 3   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1203 290   | 2203 145                   | Multiple dependent claim, if not paid   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1204 86  | 2204 43                    | ** Reissue independent claims over original patent  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1205 18  | 2205 9                     | ** Reissue claims in excess of 20 and over original patent  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| <b>SUBTOTAL (2) (\$)</b>   |                            |   | 0.00                       |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| **or number previously paid, if greater, For Reissues, see above   |                            |   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
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unavoidable</td><td></td></tr><tr><td>1453 1,330</td><td>2453 665</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501 1,330</td><td>2501 665</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502 480</td><td>2502 240</td><td>Design issue fee</td><td></td></tr><tr><td>1503 640</td><td>2503 320</td><td>Plant issue fee</td><td></td></tr><tr><td>1460 130</td><td>1460 130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807 50</td><td>1807 50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>1806 180</td><td>1806 180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>8021 40</td><td>8021 40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809 770</td><td>2809 385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr><tr><td>1810 770</td><td>2810 385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr><tr><td>1801 770</td><td>2801 385</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802 900</td><td>1802 900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="2">Other fee (specify)</td><td colspan="2"></td></tr><tr><td colspan="2">*Reduced by Basic Filing Fee Paid</td><td colspan="2"><b>SUBTOTAL (3) (\$)</b> 55.00</td></tr></tbody></table> |                            | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 1051 130               | 2051 65 | Surcharge - late filing fee or oath |          | 1052 50                           | 2052 25 | Surcharge - late provisional filing fee or cover sheet. |          | 1053 130                              | 1053 130 | Non-English specification |          | 1812 2,520   | 1812 2,520 | For filing a request for <i>ex parte</i> reexamination |         | 1804 920*  | 1804 920* | Requesting publication of SIR prior to Examiner action |  | 1805 1,840* | 1805 1,840* | Requesting publication of SIR after Examiner action |  | 1251 110 | 2251 55 | Extension for reply within first month | 55.00 | 1252 420 | 2252 210 | Extension for reply within second month |  | 1253 950 | 2253 475 | Extension for reply within third month |  | 1254 1,480 | 2254 740 | Extension for reply within fourth month |  | 1255 2,010 | 2255 1,005 | Extension for reply within fifth month |  | 1401 330 | 2401 165 | Notice of Appeal |  | 1402 330 | 2402 165 | Filing a brief in support of an appeal |  | 1403 290 | 2403 145 | Request for oral hearing |  | 1451 1,510 | 1451 1,510 | Petition to institute a public use proceeding |  | 1452 110 | 2452 55 | Petition to revive - unavoidable |  | 1453 1,330 | 2453 665 | Petition to revive - unintentional |  | 1501 1,330 | 2501 665 | Utility issue fee (or reissue) |  | 1502 480 | 2502 240 | Design issue fee |  | 1503 640 | 2503 320 | Plant issue fee |  | 1460 130 | 1460 130 | Petitions to the Commissioner |  | 1807 50 | 1807 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 180 | 1806 180 | Submission of Information Disclosure Stmt |  | 8021 40 | 8021 40 | Recording each patent assignment per property (times number of properties) |  | 1809 770 | 2809 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 770 | 2810 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 770 | 2801 385 | Request for Continued Examination (RCE) |  | 1802 900 | 1802 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  | *Reduced by Basic Filing Fee Paid |  | <b>SUBTOTAL (3) (\$)</b> 55.00 |  |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description   | Fee Paid                   |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1051 130   | 2051 65                    | Surcharge - late filing fee or oath   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1052 50  | 2052 25                    | Surcharge - late provisional filing fee or cover sheet.   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1053 130   | 1053 130                   | Non-English specification   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1812 2,520   | 1812 2,520                 | For filing a request for <i>ex parte</i> reexamination  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1804 920*  | 1804 920*                  | Requesting publication of SIR prior to Examiner action  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1805 1,840*  | 1805 1,840*                | Requesting publication of SIR after Examiner action   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1251 110   | 2251 55                    | Extension for reply within first month  | 55.00                      |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1252 420   | 2252 210                   | Extension for reply within second month   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1253 950   | 2253 475                   | Extension for reply within third month  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1254 1,480   | 2254 740                   | Extension for reply within fourth month   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1255 2,010   | 2255 1,005                 | Extension for reply within fifth month  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1401 330   | 2401 165                   | Notice of Appeal  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1402 330   | 2402 165                   | Filing a brief in support of an appeal  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1403 290   | 2403 145                   | Request for oral hearing  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1451 1,510   | 1451 1,510                 | Petition to institute a public use proceeding   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1452 110   | 2452 55                    | Petition to revive - unavoidable  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1453 1,330   | 2453 665                   | Petition to revive - unintentional  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1501 1,330   | 2501 665                   | Utility issue fee (or reissue)  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1502 480   | 2502 240                   | Design issue fee  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1503 640   | 2503 320                   | Plant issue fee   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1460 130   | 1460 130                   | Petitions to the Commissioner   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1807 50  | 1807 50                    | Processing fee under 37 CFR 1.17(q)   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1806 180   | 1806 180                   | Submission of Information Disclosure Stmt   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 8021 40  | 8021 40                    | Recording each patent assignment per property (times number of properties)  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1809 770   | 2809 385                   | Filing a submission after final rejection (37 CFR 1.129(a))   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1810 770   | 2810 385                   | For each additional invention to be examined (37CFR 1.129(b))   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1801 770   | 2801 385                   | Request for Continued Examination (RCE)   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| 1802 900   | 1802 900                   | Request for expedited examination of a design application   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| Other fee (specify)  |                            |   |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |
| *Reduced by Basic Filing Fee Paid  |                            | <b>SUBTOTAL (3) (\$)</b> 55.00  |                            |                            |                            |                 |          |                        |         |                                     |          |                                   |         |   |          |                                       |          |                           |          |  |            |  |         |  |           |  |  |             |             |   |  |          |         |  |       |          |          |   |  |          |          |  |  |            |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                     |  |          |          |   |  |         |         |  |  |          |          |   |  |          |          |   |  |          |          |   |  |          |          |   |  |                     |  |  |  |                                   |  |                                |  |

|                     |                   |                                   |                  |
|---------------------|-------------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                   | <b>(Complete if applicable)</b>   |                  |
| Name (Print/Type)   | Jane E. Remillard | Registration No. (Attorney/Agent) | 38,872           |
| Signature           |                   | Telephone                         | (617) 227-7400   |
|                     |                   | Date                              | December 1, 2003 |

|   |                                 |
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| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV311018796US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. |                                 |
| Dated: December 1, 2003   | Signature:  (Jane E. Remillard) |